

CASH RECEIPTS MONETARY CONTRIBUTIONS

C3

(1/02)

THIS SPACE FOR OFFICE USE

100491314

09-27-2012

Candidate or Committee Name (Do not abbreviate. Use full name.)

LIZ S PIKE IV (Friends to Elect Liz Pike)

Mailing Address

PO Box 622

City Zip + 4 Office Sought (candidates)
 Camas, WA 98607 STATE REPRESENTATIVE

Election Date
 2012

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
	a. Anonymous		20.00
	b. Candidate's personal funds deposited in the bank (include candidate loans in 1c).....		
	c. Loans, notes, security agreements. Attach Schedule L		
	d. Miscellaneous receipts (interest, refunds, auctions, other). Attach explanation		
	e. Small contributions \$25.00 or less not itemized and number of persons giving _____ (persons)		

2. CONTRIBUTIONS OVER \$25.00

Date Received	Contributor's Name, Address, City, State, Zip	Contributions of more than \$100:*	P R I	G E N	Amount	Aggregate* Total
09/27/12	MACPAC PO Box 37 East Olympia, WA 98540			X	500.00	500.00
	Occupation					
09/27/12	GENE V BOGARTY 105 Dubois Ct Vancouver, WA 98661			X	50.00	50.00
	Occupation					
09/27/12	GUN OWNERS ACTION LEAGUE PO Box 50012 Bellevue, WA 98015			X	900.00	900.00
	Occupation					
09/27/12	ASSOC OF GENERAL CONTRACTORS 1200 Westlake Ave N - Suite Seattle, WA 98109			X	300.00	300.00
	Occupation					
09/27/12	TIMOTHY S BOYD 8133 River Drive SE Tumwater, WA 98501	TSB Communications Group Olympia, WA		X	250.00	250.00
	Occupation	PRINCIPAL				
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			2,000.00	*See reverse for details.
		Amount from attached pages			1,000.00	

3. TOTAL FUNDS RECEIVED AND DEPOSITED OR CREDITED TO ACCOUNT

Sum of parts 1 and 2 above. Enter this amount in line 1, Schedule A to C4.

3,000.00

4. Date of Deposit

09/27/12

I certify that this report is true and complete to the best of my knowledge

Treasurer's Signature

Date

Richard Arnold

09-27-2012

Treasurer's Daytime Telephone No.: (360) 834-1710

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

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Candidate or Committee Name (Do not abbreviate. Use full name.) LIZ S PIKE IV (Friends to Elect Liz Pike)	Deposit Date 09/27/12
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2. CONTRIBUTIONS OVER \$25.00

Date Received	Contributor's Name, Address, City, State, Zip	Contributions of more than \$100:* Employer's Name, City and State	P R I	G E N	Amount	Aggregate Total*
09/27/12	WASHINGTON HEALTHCARE 303 Cleveland Ave SE Tumwater, WA 98501	Occupation		X	900.00	900.00
09/27/12	DRAGON SLAYER 225 W 4th ST La Center, WA 98629	Occupation		X	100.00	100.00
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Page Total 1,000.00